

Borough of Kendal



ANNUAL REPORT

OF THE

Medical Officer of Health

FOR THE YEAR

1962



KENDAL

TITUS WILSON & SON, LTD.

1963



Digitized by the Internet Archive
in 2017 with funding from
Wellcome Library

<https://archive.org/details/b29527569>

Borough of Kendal

ANNUAL REPORT

OF THE

Medical Officer of Health

FOR THE YEAR

1962

KENDAL

TITUS WILSON & SON, LTD.

1963

Kendal 1296.

Stricklandgate House,
P.O. Box 18,
Kendal.

To the Mayor, Aldermen and Councillors of the Borough of Kendal.

SIR, LADIES AND GENTLEMEN,

I have the honour to submit to you my Annual Report upon the health of the Borough during the year 1962.

I draw special attention this year to the Housing section of this Report because Kendal is so visibly in the throes of the greatest re-development it has endured since medieval times. Only wisdom and energy together can safeguard its future.

I wish to acknowledge the help and ready co-operation of my colleague the County Medical Officer of Health, and also the assistance afforded to me by the local general medical practitioners.

I am indebted also to the Chief Public Health Inspector and his staff for the spirit of teamwork which exists in my department, and for the fund of local knowledge which they have laid at my disposal.

I have the honour to be,

Sir, Ladies and Gentlemen,

Your obedient servant,

FRANK T. MADGE,

Medical Officer of Health.

NATURAL AND SOCIAL CONDITIONS OF THE DISTRICT.

Area of the Borough in acres	...	...	...	...	3,705
Population at 1961 Census	...	...	...	...	18,599
,, (Registrar-General's mid year estimate)	...	...	...	...	18,630
Inhabited houses	...	...	...	...	6,558
Rateable Value (old)	...	...	...	...	£269,187
,, ,, (new)	...	...	...	...	£697,486
Product of a Penny Rate (old)	...	...	...	...	£1,115
,, ,, ,, (new)	...	...	...	...	£2,800
Rate in the Pound levied on old valuation	...	...	...	...	24/6d.
of which the County Rate was	...	...	...	...	16/3d.

Kendal is picturesquely situated in the valley of the River Kent, the greater part being on the west bank built on ground rising steeply in a series of terraced streets up Kendal Fell to about 500 feet above sea level. The buildings on the east bank are situated on undulating lowlands rising from 137 feet to 200 feet contour. The dale of Kendal runs north to south with the level of the eastern boundary varying between 500 and 600 feet and the western boundary between 300 and 600 feet above sea level.

The geology of the Borough is sharply divided by the Fellside. The steep eminence of Kendal Fell on the west is composed of carboniferous limestone which represent remains of the dome which once covered the Lake District, and the sharp division is caused by a fault in this system. To the east of this fault denudation has taken place and the out-cropping rocks are Kirkby Moor Flags of the Upper Ludlow Series of the Silurian System. Alluvial deposits and some Basement Conglomerates form the small northern area of the Borough.

The climate is mild and invigorating, the town is sheltered by the Fell from the prevailing westerly winds, and the open aspect to the south provides full access to sunlight. Temperature gradient inversions are frequent at night but are soon dispelled in the mornings. The rainfall normally varies between 50 and 55 inches a year and light falls of snow may be expected for one or two weeks in the late winter. The low-lying land in the north of the Borough is liable to flooding when the River Kent is in spate.

Economically Kendal serves a treble function. Primarily it is a market town, being situated in the heart of the southern portion of Westmorland and the centre of a large agricultural community within a radius of some eight miles. Secondly it is an important stopping place on the main A.6 road, where the heavy volume of motor traffic from the South divides into the portion destined for Scotland over Shap, and the portion heading for the Lake District. The former includes a

high proportion of heavy lorry traffic which uses Kendal as a regular overnight staging point, and the latter includes a very seasonal peak-load of tourist traffic. Thirdly Kendal has become an important centre for light industries which have guaranteed constant employment to the inhabitants and brought considerable prosperity to the town.

The local industries include a wide variety of manufacturing processes, the chief of which are:—

Boot and Shoe Manufactory.	Tobacco and Snuff Manufactories.
Woollen Mills.	Breweries.
Engineering Works.	Carpet Manufactory.
Hosiery and Shirt Manufactories.	Stone and Lime Works.
Creamery and Milk Products.	

In addition there are ample opportunities for employment in the shops, cafés, hotels, business premises, and laundries. At Oxenholme the inhabitants are mainly interested in the railway employment. The variety of these opportunities for both men and women has kept Kendal happily free from general unemployment and provided that economic security and prosperity which is a most important factor in the maintenance of the public health.

STAFF.

Staff Changes.

Mr. T. Meredith resigned in May 1962 to take up an appointment elsewhere. The post remained vacant until August while it was being advertised.

Mr. F. G. Palmer was appointed to fill the vacancy and commenced duty in August.

Mr. C. Gibson resigned in April to take up a post in the Surveyor's Department of South Westmorland Rural District. He had completed 11 years of outstanding service and his departure was a great loss to our Health Department.

Mr. J. Askew commenced duty in July to fill the clerical post which had been vacant since April.

Name.	Qualifications.	Office.	Whole or Part Time.	Other Offices
Madge, F. T. ..	M.D., Ch.B., M.R.C.S., L.R.C.P., D.P.H.	Medical Officer of Health	Part	M.O.H. Combined County Districts of Westmorland
Rigg, W. B. G. ..	F.R.S.H., M.A.P.H.I., Cert. S.I.B.	Chief Public Health Inspector	Whole	—
Major, J. H. ..	M.A.P.H.I., Cert. S.I.B.	Additional Public Health Inspector	Whole	—
Meredith, T. ..	A.R.S.H., M.A.P.H.I. Cert. S.I.B.	Additional Public Health Inspector to 28-5-62	Whole	—
Davidson, R. C.	A.R.S.H., M.A.P.H.I. Cert. S.I.B.	Additional Public Health Inspector	Whole	—
Palmer, F. G.	A.R.S.H. Cert. S.I.B.	Additional Public Health Inspector from 20-8-62	Whole	—
Gibson, C. ..	—	Clerk to 13-4-62	Whole	—
Askew, J.	—	Clerk from 2-7-62	Whole	—
Machell, B. M. ..	—	Clerk to Medical Officer of Health	Part	Clerk to M.O.H. Combined County Districts of Westmorland

COMMITTEES.

The Minister of Health requires me to include a list of the Council's committees which are concerned with matters of public health.

The Health Committee deal with the principal matters, but there are other aspects of public health importance which are dealt with by the Property, Streets, and Tenancies Committees. Co-ordination could be a lot better than it is.

When the Lakes and Lune Water Board assumed responsibility for the public water supplies, the remaining functions of the Water Committee were transferred to the Health Committee, and possibly to certain other Committees as appropriate.

VITAL STATISTICS.

The following extracts are made from information supplied by the Registrar-General with figures for 1961 for comparison.

Area of the District in acres 3,705

	1961	1962
Estimated civilian population (mid year) ..	18,500	18,630
Live Births. Legitimate— males	141	167
females	109	130
Illegitimate— males	11	10
females	2	4
Total	263	311
Crude Rate per 1,000 population	14.2	16.7
Corrected Rate per 1,000 population	14.2	16.7
Birth Rate for England and Wales	17.4	18.0
Illegitimate Birth Rate per 1,000 live births.	49.4	45.01
Still Births. Legitimate— males	1	2
females	4	2
Illegitimate— males	—	1
females	—	—
Total	5	5
Total (live and still) births ..	268	316
Rate per 1,000 total (live and still) births	18.6	15.8
Rate for England and Wales ..	18.7	18.1

	1961	1962
Deaths. males	115	135
females	137	136
Total	252	271
Crude Rate per 1,000 population ..	13.6	14.5
Corrected Rate per 1,000 population	12.7	13.3
Rate for England and Wales ..	12.0	11.9
Infantile Deaths (under 1 year)		
Total deaths under 1 year.. ..	8	6
Rate per 1,000 live births	30.4	19.3
Rate for England and Wales ..	21.4	20.7
Legitimate	8	5
Rate per 1,000 legitimate live births	32	16.8
Illegitimate	—	1
Rate per 1,000 illegitimate live births	—	7.1
Neonatal Deaths (under 4 weeks)		
Total neonatal deaths ..	7	5
Rate per 1,000 live births ..	26.6	16.1
Rate for England and Wales ..	15.5	15.1
Early Neonatal Deaths (under 1 week):		
Total early neonatal deaths ..	6	4
Rate per 1,000 live births ..	22.8	12.9
Perinatal Mortality		
Stillbirths and deaths under		
1 week.. .. .	11	9
Rate per 1,000 total (live and		
still) births	41	28.5
Rate for England and Wales ..	33.7	31.1
Maternal Mortality:		
Total Deaths	1	—
Rate per 1,000 total (live and		
still) births	3.7	—
Rate for England and Wales ..	0.33	0.35

Deaths from certain causes:—						1961.	1962.
Cancer	...	...	...	...	...	45	40
Measles	...	...	...	...	...	Nil	Nil
Whooping Cough	...	...	...	...	...	Nil	Nil

The main causes of death were:—

Heart Disease	...	...	...	...	...	83
Vascular lesions of nervous system	...	...	...	...	...	62
Cancer	...	...	...	...	...	40

COMMENTARY ON THE VITAL STATISTICS.

The population at the 1961 Census numbered 18,599 persons, comprising 8,603 males and 9,996 females, a net increase of only 58 persons during the ten years since the previous Census.

Kendal has now dropped to being the second largest population among the county districts of Westmorland. Although there are only 250 people less than in the surrounding Rural District of South Westmorland, the previous rate of vigorous growth in Kendal has slowed down during the past ten years to a virtual standstill.

Yet in those same ten years between 1951 and 1961 there were 201 more births than deaths amongst our Kendal residents. So it means that a net total of 143 people emigrated out of the town to live elsewhere.

The net increase of 58 persons was made up by 82 more males and 24 less females. The number of surplus females has dropped during those ten years from 1,499 down to 1,393. We shall have to await the more detailed Census analysis to find out the age groups structure of our population.

In spite of the almost unchanged number of people in Kendal, the 1961 Census revealed a striking contrast about their living conditions. They are now much better than they were in 1951. Private households increased by 601 as people got married and did not have to live so long with their in-laws: there were 705 more structurally separate houses, even after a lot of old cottages had been pulled down, and 5,875 more rooms were provided altogether. Those figures clearly show how the nineteen-fifties have been notable for the way in which Kendal people have spread themselves out to get more elbow-room after the cramped conditions of the post-war period.

Death Rate.

The death rate was slightly above the average for the rest of England and Wales, and the general downward trend of the past 100 years is

being maintained. The proportion of old persons in your community is likely to increase markedly during the next decade.

Birth Rate.

The birth rate was still below the national level, and has been so for several years.

Stillbirth Rate.

A continued improvement on recent trends. It has to be viewed in conjunction with the neonatal death, and we are now about the national average. The figures are small and need to be interpreted with caution.

Perinatal Mortality

There is often not much difference between the cause of a baby dying in the first week of its life and the cause of a stillbirth. Sometimes it is a matter of chance whether such a baby dies before delivery or after. So we now add the number of stillbirths to the number of babies dying in their first week, and we call it the perinatal mortality: in popular language, the deaths which happen around the time of birth. The more precise limits are between the beginning of the twenty-eighth week of pregnancy and the end of the fourth week after delivery.

Anyway, the perinatal mortality statistics include most of the fatalities which are caused by abnormalities of the baby as it develops in the womb. Some of those may be due to the mother catching infections during a critical phase in her pregnancy: or more rarely to drugs: or more commonly to some genetic factor. The statistics include the fatalities which are caused by toxæmias of pregnancy and accidents within the womb. The mechanical stresses and strains of delivery, the attention given to the newborn child, the blood peculiarities, and even the risks of accident and infection in the first week of life, are all included factors. So the perinatal mortality rate is perhaps better regarded as a measure of obstetric achievement. There is no future for a stillbirth, and what happens to a live baby in its first four weeks depends to a great extent on what has happened to it before delivery.

There are some signs of hope that science may be able to prevent certain types of developmental abnormalities, and it is clear that the increased availability of obstetrical specialists will help to reduce the number of neo-natal deaths. An advisory obstetric committee has

been set up in Westmorland to co-ordinate the functions of the three divisions of the health service involved in midwifery, and to investigate the causes of stillbirths and infant deaths. Its second Triennial Report was published during 1962.

Maternal Mortality.

Happily no mother lost her life in child-birth during the year.

PREVALENCE AND CONTROL OF INFECTIOUS AND OTHER DISEASES.

Public Health Act, 1936. Sections 143-170.

National Health Service Act, 1946. Part III.

The general incidence of illness can be assessed by the weekly number of new claims for sickness benefit at our local National Insurance offices. A logarithmic graph of those figures shows a regular seasonal pattern over the years, and any variations are usually worth investigating. The general level is some measure of the local community health.

The Borough was fortunately free from most of the common notifiable diseases during 1962. The few measles cases were scattered throughout the year.

It is pleasing to record that the notification of infectious diseases has been much improved in recent years, and I am very grateful to my colleagues in general practice for their prompt help in this respect. I look upon the control of notifiable diseases as one of the most important duties of our department.

A special feature of 1962 was the local impact of the national scare which arose out of the smallpox outbreak in the West Riding of Yorkshire in January. There were known contacts of infection to be followed up and watched as they moved into our District. There were precautionary examinations of other suspicious-looking illnesses until a diagnosis of smallpox had been ruled out. And there was an overwhelming public demand for vaccination.

The burden of this extra work fell most heavily upon my general practitioner colleagues. We arranged an emergency distribution scheme for calf-vaccine lymph, and agreed the relative priorities for its use. Some of these vaccinations were indeed justifiable, but, with hindsight, some of it seemed rather irrational. However, it is certainly a good thing for people to keep themselves protected from smallpox, both here and abroad, and the task was well worthwhile. We should simply prefer to space the work out more comfortably for everyone, between these periodical public stampedes for vaccination.

NOTIFIABLE DISEASES TABLE.

	Total	Ages										Admitted to Hospital	Deaths	
		-1	1-	2-	3-	4-	5-	10-	15-	20-	35-			45-	65-
Scarlet Fever	2	-	-	1	-	-	1	-	-	-	-	-	-	-
Whooping Cough ..	3	-	-	-	-	-	3	-	-	-	-	-	-	-
Measles	12	1	2	3	2	-	2	1	1	-	-	-	-	-
Dysentery	7	-	1	1	2	1	2	-	-	-	-	-	-	2
Puerperal Pyrexia	4	-	-	-	-	-	-	-	2	2	-	-	-	-
TOTAL	28	1	3	5	4	1	8	1	3	2	-	-	-	2

TUBERCULOSIS.

Tuberculosis is one of the most important communicable diseases of our time. Its prevention is primarily dependent upon social and economic factors in the general community, and secondarily upon the management of the established case. Your Council's functions are three-fold; to investigate the source of infection, to prevent the spread of infection, and to remove conditions favourable to infection.

The number of tuberculosis patients on the register at the year end were :—

		1961.	1962.
Respiratory	...	103	95
Non-Respiratory	...	12	7
		—	—
		115	102
		—	—

TUBERCULOSIS TABLE.

Age Periods	NEW CASES				DEATHS			
	Respira- tory		Non-res- piratory		Respira- tory		Non-res- piratory	
	M	F	M	F	M	F	M	F
0 ..	—	—	—	—	—	—	—	—
1 ..	—	—	—	—	—	—	—	—
5 ..	—	1	—	—	—	—	—	—
15 ..	—	—	—	—	—	—	—	—
25 ..	—	1	1	—	—	—	—	—
35 ..	1	1	—	—	—	—	—	—
45 ..	1	—	—	—	—	—	—	—
55 ..	1	—	—	—	—	—	—	—
65 ..	1	1	—	—	1	—	—	—
Total ..	4	4	1	—	1	—	—	—

Three cases were transfers from other areas.

During the spring of 1961 we had another of the periodical visits of the Mass Miniature Radiography Unit of the Manchester Regional Hospital Board. Only those over 15 years of age were accepted for x-ray examination in this survey. At this visit 6,885 people were x-rayed in Kendal. It was a most rewarding service, because eight cases of pulmonary tuberculosis needing close medical supervision were discovered, and seven others who needed occasional supervision. Four cases of lung cancer and two other benign growths were found, as well as 50 cases of heart abnormalities.

I should like to see many more of our local population take advantage of this valuable service. It not only detects pulmonary tuberculosis at the most favourable time for a cure, but it also provides an early warning against many other chest conditions, lung cancer, and certain heart diseases.

Over the whole of the southern half of Westmorland, 11,206 persons were x-rayed, and resulted in the discovery of 13 previously unsuspected cases of pulmonary tuberculosis needing close medical supervision. This is rather a high rate for a predominantly rural region, being 1.8 per thousand as against 0.97 per thousand at the previous survey in 1957. All these 13 cases needed either close clinic supervision or treatment in hospital. Waiting-time is nowadays very short for admission to hospital, and modern drugs achieve most promising results for returning the patient to a useful working life.

It is equally important to discover the non-active cases of tuberculosis, so that we can do all in our power to prevent them breaking down in an infectious state. So, too, with cancer of lung, in order to secure the best chance of operative treatment.

The x-ray results are communicated to the patients' family doctor if there are any abnormalities, and so the findings can best be explained to the individual if any treatment seems needed.

Such discoveries more than justify the visits of the Mass Radiography Units to our area at regular intervals. I think that we should do all we can to make really excellent arrangements for their reception in our townships and villages, and encourage our local people to turn up in full force for their chest x-rays.

The Hospital Services.

National Health Service Act, 1946. Part II.

Our Borough lies in the area of the Manchester Regional Hospital Board, and most of the general needs of our local people have historically been met by the Westmorland County Hospital at Kendal.

Some of the more specialised services have always had to be referred to more distant centres. That has always been understood and accepted by our local community.

But in recent years there have been signs that our local folk may be forced to rely more and more on Lancaster, and less on Kendal. Some people think that Westmorland risks being left rather ill served if the hospital services concentrate themselves on distant Lancaster and Carlisle. There is a lot of territory in between, and public transport communications are not at all easy for out-patients and visiting relatives to get to those hospitals and home again the same day.

Until 1962 these fears were merely a matter of whispers and rumours around Westmorland, because for the first 13 years of their existence, the Regional Hospital Boards very much neglected their responsibilities for public relations. They gave the appearance of holding themselves aloof as the authoritarian planners of a hospital system which was to be imposed on a community whether the local people liked it or not.

There were scarcely any preliminary enquiries for local opinion, no formal consultations, no opportunities to criticise proposals: just take it and lump it. This appearance of a totalitarian monopoly seemed strangely foreign to our English tradition, with our long centuries of fostering local sympathy for the hospital care of our sick. It seemed more like a system than a service.

But 1962 brought these matters to a head. The Government published a 279-page book entitled *A Hospital Plan for England and Wales*. Here is a quotation from its preface: "Hospitals are for people; and this plan will give to the public, whom the hospitals exists to serve, the opportunity of judging for themselves, on a national scale, the lines on which this service is intended to develop."

This was a very welcome statement of the basic philosophy: and of course the whole ideal of improving our national hospital service deserves support. But equally the public are also particularly interested in judging for themselves the lines on which these services are planned to be developed locally for their own kith and kin.

The Hospital Plan for the Manchester Region forthrightly declares that "The policy will be to continue the process of building (or re-developing) district general hospitals at each main centre and closing as soon as practicable the small peripheral hospitals." On the face of it, nothing could be more uncompromising than that.

But the Minister of Health did give some assurance later in the House of Commons on 17th December, 1962, in answer to a question about the difficulties of communities living a long way from these

proposed main centres. He said that it was a matter of ensuring that new and better facilities, acceptable to those concerned, are in existence before any of the older facilities are discontinued.

Of course, that is the crux of our own local case. As the people most concerned, our local folk must take a hard, critical look at the regional proposals to see if they are acceptable. This is the chance of the Century, and it may not come again. Anyway, the Regional Hospital Board is entitled to the constructive criticism and help of those it seeks to serve. What must also be watched are the risks of being left high and dry by the withdrawal of the local services which the people of Westmorland established long ago by their own efforts and which they now still enjoy.

With the publication of the Hospital Plan and the consequent press comment and political pressures, the Regional Hospital Boards became noticeably much more sensitive to public opinion. Towards the end of 1962 a very welcome conference was held in Lancaster between representatives of the Manchester Regional Hospital Board and the Local Government Authorities of the areas in northern Lancashire and southern Westmorland. Quite a lot of steam was let off, and a few of the tensions relaxed, and it could well be the forerunner of some future basis for better public relations. I suppose that the alternative would be to set up Regional Consumer Consultative Councils, like those for the Gas Board, and the Electricity Board: but it seems a soulless way of dealing with what should surely be the most personal service of all amongst these gigantic nationalised monopolies.

There are a lot of local questions to be settled under the Hospital Plan: some have been answered for the time being: some are being argued out now: some will have to be soon.

For example, in 1961 we obtained the assurance from the Manchester Regional Hospital Board that Helme Chase should continue as a general practitioner maternity home, and that some obstetric consultant services should continue to be available in Westmorland. Public sentiment seemed to be particularly strong about preserving some maternity beds in a place where the local women wanted them.

Under very critical review at the present time is the Manchester Regional Hospital Board's policy for providing geriatric and chronic sick-beds in the Kendal neighbourhood. There are three main points at issue: the state of the present hospital buildings at Kendal Green, the total number of geriatric beds locally, and the long-term future provision of chronic sick and geriatric beds within the Borough of Kendal or its very close vicinity.

The first point, about the state of the present buildings, stems from the fact that Kendal Green Hospital was built as a workhouse several centuries ago, and its situation, design, and fabric are correspondingly out of date. It does not compare at all favourably with the location and beautiful modern standards of the Part III Hostels recently built by Westmorland County Council for the old people who are still fit enough to stay out of hospital.

Nevertheless, the Manchester Regional Hospital Board have recently done a wonderful job in improving, and repairing, and redecorating the place, as far as they are able, to something more tolerable for the relatively short life which now seems to be decreed for the building. This good work has been helped too by the kindness and resourcefulness of the nursing staff of Kendal Green Hospital, and the group of local wellwishers. But in our hearts we should all like to see our old folk provided with twentieth-century accommodation in a nicer setting when they come to need a geriatric hospital bed for what is so often their farewell stay.

The second point, about the number of geriatric beds available in Kendal or its immediate neighbourhood, arose out of the reduction in numbers at Kendal Green Hospital consequent upon the recent improvements. The number of remaining beds now falls below the national normal adopted by the Ministry of Health, when calculated on the number of people living in the area it is supposed to serve. And because some parts of our area have an unusually elderly population, we feel that we ought to have more than the normal quota of geriatric beds instead of less.

But the real fundamental underlying bitterness in this argument has its roots in the answers which have come from the Manchester Regional Hospital Board, which keep repeating that the deficiency of geriatric beds in Kendal will be compensated for by providing more in Lancaster.

And that leads immediately to the third point at issue, which is what will happen when Kendal Green Hospital is eventually closed. It is the same question of basic policy: where geriatric and chronic sick hospital beds should be provided to serve our Districts in the southern half of Westmorland. The area which is economically, socially, and by virtue of public transport limitations, dependent upon the town of Kendal, and to whom Lancaster is a distant, foreign place.

At the present time it seems totally unacceptable to Westmorland folk that some 40,000 of them in the southern half of the County should be put in jeopardy of losing their long-standing geriatric

hospital from Kendal, or that they should be forced to accept the policy that they must make do with distant Lancaster.

Not only would most of our old people prefer to stay near familiar parts, but their relatives and friends, often old themselves, would be put to sore discomfort and expense by having to trail down to Lancaster for visits: or else forego those friendly services which can mean so much to the bedfast.

We should resent very deeply any cold administrative expediency for tidying up Westmorland's old folks and chronic sick away across the border into some inaccessible hospice, however progressive it might be. When Kendal Green Hospital has had its day, we want to see a decent geriatric and chronic sick hospital provided in Kendal or very near the town. So far no-one has dared to promise it.

These hospital problems are just as much a matter of environmental public health for our own Local Authorities as they are administrative exercises for the Regional Hospital Boards. I believe that it does matter very deeply where our old folks are looked after when they fall ill: somewhere where they will go cheerfully, keep in touch with home: not just swept away out of sight. I believe that relatives and friends should easily be able to visit the hospital: to leave their homes running for the short time while they are out: not to spend hours and hours travelling on the scanty rural bus services and curtailed railways, coping with darkness and winter weather, weariness and worry.

So too, it behoves us to keep a watchful eye upon the future existence and functions of the Westmorland County Hospital, and the services which we can obtain there; and upon Meathop Hospital and the Ethel Hedley Hospital. We cannot afford to sleep in at a time when radical changes are being discussed out of earshot across our borders. I believe that Westmorland deserves a lot of extra thought and care in planning the hospital service: and it seems worthwhile going on saying so.

Hospital and Ambulance Arrangements for Infectious Diseases.

National Health Service Act, 1946. Parts II and III.

Hospital accommodation for infectious diseases is provided by the Manchester Regional Hospital Board at Beaumont Hospital, Lancaster, a modern and well-equipped building within easy reach of the area under modern transport conditions.

Smallpox cases will be admitted to the Ainsworth Smallpox Hospital, near Bury.

Ambulance transport for cases of infectious disease is provided by the Westmorland County Council and is based in Kendal.

Disinfection Arrangements.

Disinfection in connection with infectious diseases or for other public health reasons was carried out in 12 houses during the year. There is a steam disinfector at Parkside Road which is available to other local authorities and private bodies.

HOUSING.

Under the Housing Acts your Council has a duty to consider the general housing conditions in your district, to ascertain whether any are unfit for human habitation, and to assess the need for further houses. You have powers to deal with unfit houses, powers to provide new houses for all classes, and various powers and duties in the management of your Council's housing estates. Good housing conditions are an integral part of public health.

The Pattern of Living.

At the time of the 1961 Census there were 18,541 people living in Kendal. 17,923 of them were organised into a settled pattern of 6,252 private households, and the other 618 individuals were more fancy free.

Those 6,252 private households were living in 6,146 structurally separate dwellings, which means that 106 households were sharing accommodation with others. It also means that on the average there were three people in each house throughout Kendal. I reckon that there is not much overcrowding nowadays within the Borough.

But, of course, a lot of houses in the town are occupied by only one or two persons. We have not yet received these details from the 1961 Census, but we know from the previous one that about 600 houses contained only one occupier, and that another 1,645 houses had only two people living in them. Probably about one-third of all the houses in the Borough are under-occupied for their size.

The Pattern of Housing.

I reckon that about a quarter of Kendal's houses are under 20 years old, having been built since the 1939-45 war, and therefore well equipped with modern amenities. 915 of them were built by Kendal Corporation, mainly on the Hallgarth and Sandylands estates, and about another 500 were provided by private enterprise on various sites scattered throughout the town and its fringes.

The second quarter of Kendal's houses were built between the two world wars, so they are between 24 and 45 years old. They include the Kendal Corporation Estates at Castle Grove, Rinkfield, and Kirkbarrow, and sundry smaller sites, as well as quite a lot of houses put up by private enterprise. The older components of this group lack

modern amenities to varying minor extent, due to the lower standards of those times and the price limitations. Most of this group seem well worth improving. The more recent pre-war houses were built to better standards and do not yet present much problem.

The third quarter of Kendal's houses were built before the first World War and away back through the Edwardian and late Victorian eras to a hundred years ago. Many of these lack the full range of modern amenities, are awkward in design, and are showing increasing signs of perishing fabric. Some of them in the 80 to 100 years old bracket are getting to the stage when they will not be worth saving. They will constitute the clearance problems of the next twenty-five years ahead from now.

The last quarter of Kendal's houses were built more than 100 years ago. They are mostly in very poor structural condition, badly arranged in yards and jumbled corners, lacking in modern amenities, and many of them already condemned. Some may be preserved for architectural or historic interest, some may be saved by opening up the surrounding area, many are being converted to non-habitation uses, many are awaiting demolition. Picturesque though they may look, there is not much hope for century-old substandard hovels of a bygone way of life. Certainly not to expect people to go on living in them.

This age-group division of houses into quarters is only a rough guide to the pattern of housing in Kendal. Every year sees a change as new houses spring up, and the old ones decay: and as our slum clearance schemes sweep away the ruins. On the other hand it provides a base for some sort of a long-term view from the present day to the end of this 20th century: not so far ahead.

But the pattern of Kendal's housing can no longer be looked for only within the Borough boundary. That would be an unrealistic, short-sighted view, quite out of touch with the facts of modern life. The internal combustion-engine changed all that a generation ago. The neighbouring areas of South Westmorland and Windermere are considerably used as dormitories for Kendal: we know the figures for commuters. This overspill must be taken into account for the proper understanding of Kendal's place in the economy of the southern half of the County of Westmorland. You cannot afford to forget it.

These questions about overspill and the need for building more houses within the Borough will be examined more critically in later sections of this report, because they form part of the pattern of housing for the future, and the plans are still capable of being moulded into shape. We must return for a while to the down-to-earth battles with slum clearance, wipe the demolition dust out of our eyes, and see where we have got to on this road of no return.

The General Picture of Slum Clearance.

Westmorland as a whole has made very encouraging progress in post-war slum clearance despite all the difficulties of the times. Since the campaign was resumed in 1948 well over 1,000 houses in the County have been dealt with by formal action under the Housing Acts. Most of these will eventually be demolished or converted to trade use, but some of them have been reprieved by their owners undertaking to spend considerable money for comprehensive reconditioning up to modern standards.

In addition to those formal actions there have been a very creditable number of informal schemes either with the aid of improvement grants or entirely by private enterprise. The aim is to save a house wherever possible, but if it cannot be brought up to an acceptable standard of safety, decency and amenity, the sooner it is swept away the better.

The Local Picture and Policy in Kendal.

During the nineteen-fifties, decay proceeded very rapidly in the central areas of Kendal. The stage had been reached when most of the poorer 18th-century buildings, and many of the early 19th, were in jeopardy. Their mortar had perished, the soft stones were crumbling, and the woodwork had rotted. The end of the natural life of the building materials had been accelerated by years of neglect in maintenance during the war and the following decade.

On various occasions I raised the question whether some of Kendal's traditional yards should be preserved for architectural or historical interest, but no-one was prepared to spend money on restoration. The property owners threw in their hands, and so your Council decided in 1955 to make a clean sweep of all the old slum houses and derelict buildings that lay hidden away behind the main streets of the town.

It was no easy matter for a small town the size of Kendal to declare boldly that it intended to condemn 550 houses, and get them all vacated within 20 years after the end of the war. It meant more than losing about 9% of the houses in the Borough at that time: in practical terms, it meant gutting out the whole centre of the town. Historical reasons had caused nearly all the ancient unfit cottages to be concentrated in the congested yards behind the main streets. But your Council of 1955 had the courage and the forethought to embark on a radical clearance programme from which there can be no turning back. It was the start of a surgical operation in Kendal.

How the Slum Clearance Task was divided into Statutory Programmes.

Kendal made its real start with slum clearance in the nineteen-thirties, with some very successful results. The outbreak of war in 1939 caused a temporary hold-up, and we came out of the end of it with a backlog of 71 condemned houses still occupied or undemolished from the pre-war programmes.

Abbot Hall Square constituted a special case, because it had been acquired during the war for the eventual demolition of the 12 houses which had become almost derelict. Everyone was glad to see them go.

Almost immediately after the end of the war in 1945 Kendal Council resumed the slum clearance programme with great vigour. Although many other parts of the country were standing still, we took condemnation action against a further 117 slum houses in the ten years between 1945 and 1955.

So by the time the rest of the country was ready to go ahead with submitting formal statutory slum clearance programmes, we were already deeply involved in coping with our 200 actions in progress. We therefore had a fine flying start.

The Government required your Council, under Section 1 of the Housing Repairs and Rents Act, 1954, to submit formal proposals for dealing with the estimated whole outstanding task of unfit houses in the Borough. Consequently your Council obtained the Minister's approval to complete the 200 actions in progress, plus a further 300 unfit houses: the whole 500 to be included in a Ten-Year Programme for completion by 31st December, 1965.

In actual fact we anticipated the Minister's approval, because we were already too deeply committed to stop our slum clearance machinery, and so we took full advantage of an extra flying-start by commencing legal actions against the worst of the 300 additional unfit houses on 1st January, 1955, one year ahead of the scheduled date. It gave us the chance of eleven years to carry out your Ten-Year Programme.

But by 1960 the Government recognised the inevitability of still more houses deteriorating into unfitness during the ten years while the Programme was running. The Minister called, in Circular 2/60, for amended proposals to take these extra unfit houses into account, and he approved the 50 additional ones which your Council proposed to be completed by 31st December, 1965. All these details of the Ten-Year Programme are now by law on deposit for public inspection, and in fact not one formal objection was received to your proposals.

Although for the purposes of making periodical returns to the Ministry, we have to classify all these slum clearance actions into the

KENDAL BOROUGH.

Position at 31st December, 1962.

Postwar Slum Clearance Programme Composition		Slum Clearance Progress	
Unoccupied houses still undemolished from prewar slum clearance actions	6	Action completed by demolition or conversion to other approved use	336
Occupied houses not yet vacated from prewar slum clearance actions	65	Vacant and awaiting demolition	44
Special case of Abbot Hall Square	12	Waiting rehousing from occupied condemned houses	114
Slum clearance actions started between the end of war 1945 and 31st December, 1954	117	Formal actions in progress. Occupiers will need rehousing	12
The Statutory 1956-65 Ten Year Programme actually commenced on 1st January, 1955	300	Houses not yet officially represented. Occupiers will need rehousing	44
The extra deteriorations added to the Statutory 1956-65 Programme per Circular 2/60	50		
	550		550
		Special Note: The number of families now needing rehousing from unfit houses before 31st December, 1965 is 170.	

various statutory programme periods . . . it is easier to think of the overall post-war slum clearance task in Kendal Borough as being 550 unfit houses to be dealt with during the twenty years between 1945 and 1965.

Consequently an improvised balance sheet has been drawn up to refresh the memories of how Kendal's twenty years' post-war slum clearance programme was calculated, and to show how far we have got by the end of the current year in dealing with the 550 unfit houses. It is printed on an adjacent page.

Progress with Representations.

I am up to schedule with my part of the job. By the end of 1962 I had made Official Representations against 506 out of the 550 unfit houses, and had given notice that the same initiating action will soon be taken against the remaining 44 on the list. A few strokes of a pen could do it.

The next batches are likely to include clearance areas in the neighbourhoods of Allhallows Lane, Bankfold, Collin Croft, and Fellside. Others are expected to be found in the pruning out of individual unfit houses scattered around the town.

I should probably have finished all the Official Representations by now if your Council, in December 1961, had not requested a "Go Slow" policy for the remainder of the Programme. While sympathising with your difficulties, I hold that it is better to think of the analogy of keeping these slum clearance actions moving steadily along the pipeline of statutory procedure.

Progress with Statutory Procedure.

The Town Clerk's Department are up to schedule with the first part of their job. 494 out of the 506 officially represented houses actions have been taken to the stage of a registered local land-charge, with orders and other restrictions.

Some of the Ministerial decisions on clearance areas have been slow in arriving, long after the public inquiries, but this has probably been due to the widespread work of slum clearance all over the country.

Some delays have also been caused by similar overloading of the District Valuer's staff, with the acquisition of land under slum clearance compulsory purchase orders, and some have been due to conveyancing difficulties.

But on the whole these transient obstacles have been overcome, and I do not now regard them as the significant causes of your Council's impending failure to meet the target date for completing your Statutory Programme by 31st December, 1965.

Progress with Rehousing.

This is where the bottleneck lies. Kendal has made slow progress in rehousing families from condemned houses. At this customary slow rate there is no hope of completing your Statutory Programme by 31st December, 1965.

Disregarding for the moment the 56 outstanding houses yet to be brought to the local land charge stage, and considering only the 494 houses so charged . . . only 381 of these houses had been emptied by the end of 1962. An analysis of these 381 displacements is revealing:—

Already empty when condemned	...	...	...	61
Rehousing by private arrangement	...	...	...	42
Vacated by death of occupier	...	...	...	19
Reentered after reconditioning	...	...	...	21
Rehousing by Kendal Corporation	...	...	...	207
Mode of vacation unrecorded	...	...	...	31
				<hr/> 381 <hr/>

Facing the Facts on Slum Clearance Rehousing.

The years 1961 and 1962 were only a flash in the pan with each of them showing between two and three dozen slum clearance rehousing by Kendal Corporation. They reflected the completion of the extension to the Sandylands Estate.

In between such vintage years there were only a handful of rehousing. Your annual average over the past ten years has been 17 or 18 families a year moved out of the slums into Corporation houses.

Two questions now face you as the local housing authority: How and when are you going to rehouse the people from the outstanding 170 occupied unfit houses in your Statutory Programme?

At your accustomed average speed of Corporation rehousing from the slums, about 17 or 18 families a year, it would obviously take another nine or ten years to cope with the 170 families still in slum houses. Either those facts must be accepted as a new policy, or something must be done to speed things up.

I should not advise your Council to rely too much upon the death of the occupiers or the chances of them being able to make their own private arrangements to find a house elsewhere. Nor are any of the few remaining unrepresented cottages likely to be empty already: nor will many of them be suitable for reconditioning. I think that at least 150 families out of the 170 now in slum houses will be fairly and squarely your responsibility for rehousing by Kendal Corporation.

Under the Statutory Programme you told the Minister that you would finish the job by 31st December, 1965, three years hence. I cannot see any hope of you doing it.

For many past years my Annual Reports have warned Kendal Council that a pitifully insufficient share of Corporation houses were being allocated for slum clearance. Since the end of the war in 1945 the Corporation have built 915 new houses, and there have been a lot of additional relettings. I reckon that well over 1,000 fresh tenancies must have been available: yet not many more than a couple of hundred were made available for slum clearance. Those are the proven facts of how your policy worked out.

Maybe the 916 new houses were the wrong sized houses, or built in the wrong places, to enable you to carry out your slum rehousing obligations. Perhaps those are lessons to be learnt ready for your next programmes of building. But at this moment I can only point to the stark facts, and say that with the best will in the world you do not seem to have much hope of rehousing 150 to 170 slum-dwelling families before 31st December, 1965. It is my duty to keep telling you so.

Need to Amend the Statutory Programme.

I now regret to have to advise your Council that the time is drawing near when you will have to tell the Minister of Housing and Local Government, in a formal way, that Kendal Corporation cannot honour its pledge to complete the Statutory Slum Clearance Programme by the appointed date, 31st December, 1965, and ask his dispensation to grant you extra time.

I think that there may also be some sort of moral obligation for us to tell the unfortunate folk who live in our slum houses that they seem likely to have to endure those bad conditions for a lot longer than they had previously been led to believe. I think that they are entitled to know.

Some people might say that 20 years is too short a time to wipe away your slums, or that I try to condemn more houses than you can cope with. My answer would be that 20 years are not measured by figures on a calendar: they are measured in terms of a whole generation of human misery. I was proud 18 years ago that Kendal Council faced that challenge, I shall be even more proud to see the job finished.

Your only hope of meeting in full your slum clearance obligations, lies in providing the right number of right-sized houses in the right places at the right time. Then to evolve a more effective tenancy selection system, whereby the condemned area can be logically and progressively cleared for redevelopment.

Progress with Pulling Down.

Apart from the houses which cannot be pulled down because people are still living in them, there are 44 others which are awaiting demolition. Some of them are propping up adjoining condemned property which is still occupied: some of them are waiting for the bulldozer to arrive. The whole affair is curiously unco-ordinated.

The centre of Kendal looks a mess at the moment. The middle stages of any surgical operation always do look a mess. The remedy is to get it all over as quickly as possible and then the scars will heal. The face of the new Kendal can smile afresh.

The Concept of Redevelopment.

To lay waste the centre of the town with such Cromwellian thoroughness would have been a sterile exercise had it not been accompanied by the faith that a new Kendal should arise out of the rubble of the old.

With the signing of the death warrant on each dark, damp, crumbling cottage, your Council have asked themselves not only what they were destroying, but what opportunities they were opening up for creating something more worthy of the spirit of our times and our faith for the future.

Many of our slum clearance schemes have been highly controversial, and so will be many of the redevelopment proposals; they are none the worse for that. I would rather see people leap up and propound their bright ideas, than see them slumbering apathetically with the town crumbling about their ears. I firmly believe that Kendal has a vital spark to fan.

Perhaps we have already gone a long way towards producing an outline pattern of the future for Kendal. The present phase of slum clearance has certainly caused the town to become an expanded lattice-work of no-waiting narrow shopping streets, with some wide open spaces behind, and there will be even more open spaces when the last lot of ruins are bulldozed away.

Seeing that the early construction of the M6 Motorway promises to divert the fantastic huge lorry loads which now inch their way through Kendal, and that the main western bypass will soon siphon off the Lake District traffic, it might be a good idea to get down now to rethinking how our slum clearance sites could help what will be left.

It would not be a big step further to sort out the snarled-up traffic into some more one-way routes, and even to create a pedestrians-only shopping precinct. It would certainly help road safety. The

motor-car is here to stay, and we should like the stay to be long enough for the visitor to spend his money in our shops, and for the business man to make his calls, without the police breathing down their necks for parking obstructions.

The town's future prosperity will depend on being its age. Kendal may have had a tradition for barricading its yards against the 18th century Scots, but it is time it gave way towards opening up the yards to welcome the 20th century motorist. We have temporarily allocated some of our slum clearance sites as improvised car parks, but they will soon go for much more profitable redevelopment when their golden possibilities are spotted. If car parks are to be a long-term feature of Kendal, their provision need to be integrated now with our slum clearance schemes, before the land grab starts.

It is only natural that Kendal should feel a little fainthearted from time to time, as the bulldozers flatten out another sentimental landmark. No surgical operation is a pleasant experience. But I feel sure that there are powerful reserves of imaginative creative ability waiting to show Kendal the way to recovery.

For the Record — 1962.

For the purposes of departmental record and returns, I have set out the detail of certain slum clearance actions taken during the current year:—

Closing Orders.

No closing orders were made during the year. Four became fully operative, when two of the houses were vacated by the rehousing of the occupiers by Kendal Corporation, one other by private arrangements: the fourth was demolished.

At the end of the year there were 72 closing orders on the Local Land Charge Register, and four of these houses were still occupied.

Many of these properties can usefully be converted for non-habitation use, and we need to keep a watch that the vacant ones do not become derelict.

Undertakings not to use for Human Habitation.

Housing Act, 1956. Section 16.

No such undertakings were accepted during the year. Ten houses in this category went out of use as dwellings. In nine of the cases the occupiers were rehoused by Kendal Corporation and the other made private arrangements. One of these houses was subsequently demolished as unsafe.

At the end of the year there were 145 houses subject to such undertakings registered as Local Land Charges. 13 of them were still occupied.

Again there are useful conversion possibilities for these houses, and the same risks of becoming derelict.

Undertakings to execute remedial works.

Housing Act, 1957. Sections 16 and 18.

No offer was made for reconditioning of an unfit house under these sections of the Act. At the year end no such undertakings remained unsatisfied.

Demolition Orders.

Housing Act, 1957. Section 16.

No demolition orders were made during the year. Three houses subject to such orders were vacated when two of the families were rehoused by the Corporation and the other made private arrangements.

Nine houses were pulled down during the year in compliance with demolition orders. 13 remain on the Local Land Charge Register, and six of these are still occupied.

Clearance Areas.

Housing Act, 1957. Section 42.

Your Council have made good progress since the 1939-45 war with clearance areas in the more central parts of the town. Some have been completed, some are in the throes of physical clearance, and some are going through the statutory procedure. More are in the stage of preparation, lined up ready.

In my Annual Report for 1960 I set out in full detail the list of clearance areas, the number of houses and other properties in each area, and the stages which we had reached. This year I have concentrated on presenting a more general picture of our slum clearance, and shall only summarise the main changes in the progress since then.

The Busher Close Clearance Order was confirmed in 1961 by the Minister. Its six houses were later bought by Westmorland County Council and were pulled down in 1962.

The Windermere Road Clearance Order was confirmed in 1961 by the Minister, who excluded one of the 15 houses involved. Partial clearance was about to start at the end of 1962.

The North-East Highgate Clearance Area, containing 18 houses and some other premises, was made subject to a Compulsory Purchase Order which was confirmed by the Minister in September 1962. No start has yet been made with clearance.

During 1962 about a couple of dozen families were displaced from clearance areas, and 40 dwellings were actually pulled down. More vacant houses are awaiting demolition when the opportunity is favourable. We are still in the throes of quite a big job. While everyone realises that pulling down a block of houses causes an inevitable mess at the time, I wish that the cleared sites could be tidied up better than they are.

Building New Houses.

From a public health standpoint I naturally regard the building of more new houses as the only practicable way of finishing your slum clearance programme, and keeping pace with the further deteriorations which must inevitably occur as time goes by.

It is understandable that you may be reluctant to move some of your slum-dwellers directly into newly-built houses, but the remedy must be looked for in a more progressive reshuffling within the couple of thousand Corporation houses you already manage. It does not affect the stark reality that at least 150 to 170 decent houses are needed at this moment for the people who are living in your slums.

I also consider that the general public health of the town will be put to less risk when you can clear away all the dirty derelict empty cottages, dangerous loose masonry and tottering structures, the great piles of rubble, and all the rubbish and refuse which accumulates on these battlefields in the very centre of the town. Kendal would look a lot prettier, too.

But public health considerations go a lot deeper than the grosser manifestations of your housing shortage. It is easy to join the popular clamour for building more houses, but I do hope that Kendal will remain clearheaded about the reasons why houses are wanted. I have dealt very fully with the slum clearance need, so I shall go on with a critical review of the other reasons which also have made an impact on the public health.

There are the families who have not a separate house of their own, and who have to share with others. These people have constituted the bulk of the applicants on your official housing waiting lists since the 1939-45 war. They have been awarded the bulk of the tenancy allocations for your Corporation estates.

At the time of the 1961 Census there were 106 private households sharing accommodation with others. I doubt if that is a true reflection of the social pattern, because of the way the Census question sheet was worded. I reckon that a lot more young family groups are living with their in-laws within a so-called household.

Although not every instance of living with in-laws becomes intolerable, most of the young people nowadays hanker for a home of their own: some of their hosts and hostesses yearn for a bit more peace, a bit less television, and their spare bedroom back. I consider that there are both physical and mental health factors involved in the rehousing claims of these people: more house building would seem to be the only answer.

Then there are the people who are now living in quite good houses of their own, or even in Corporation houses, who would like to change it for something different. Some want to change to more modern houses: some would like a smaller place: some could do with a bit more room: some would prefer to live nearer the centre of the town: some yearn to move further out. The 1951 Census demonstrated a lot of under-occupation of houses, and I suspect that the 1961 Census will show the same, or maybe worse.

I get the impression that this social inelasticity is partly due to the fact that about one-third of the houses in Kendal are owned by the Corporation, and that these are predominately three-bedroom, modern houses. This highly socialised system, while having put a damper on the old free market of supply and demand, has not yet devised an effective administrative machinery to encourage a more free interchange of houses either within the Borough or with local authorities outside.

This is a social defect which is having an ever increasing impact on the public health in Kendal for the domestic reasons I have mentioned. But it would be unrealistic to think that the remedy lies in building enough new houses of all shapes and sizes so that everyone can pick their fancy out of the empty rows.

Kendal Council have had occasional faint-hearted moments in the past fifteen years, when they became haunted by the fear of building more Corporation houses than might be needed throughout the whole of the 60 years' loan period. The Corporation even stopped all new building for a spell not long ago. While cheering on the resumption of extending Kendal's housing estates, I must keep asking whether we are making the best use of what we have got: I doubt it.

But even after all these internal reshuffling problems have been worked out, there are still a lot of other people whose housing applications must be assessed in any intelligent long-term appreciation of Kendal's needs for building new houses. Your Council seem to be approaching the time when it will be in both your own interests and theirs to declare a policy about their claims. Kendal is standing at one of its major cross-roads in the nineteen-sixties.

Perhaps the first group to consider are the people who work in Kendal and commute daily from the dormitory areas of South Westmorland Rural District, Windermere, Lakes, and Sedbergh. Between 1,500 and 2,000 of them travel daily, and most of them have other members of their families at home. By no means all of them would choose to live in Kendal even if they could, but I reckon that a lot of them would really like to. Winter travel and summer holiday traffic can get most wearing to the physical and mental health of those who are forced to endure them regardless.

When you come to decide whether you want to coax the commuter class back into the town, you will have to take a lot of factors into consideration. You will ponder on the 1961 Census having revealed that your rate of growth has slowed down almost to a standstill during the past ten years for its population, that you are no longer the largest county district in Westmorland, that people have been emigrating nearly as fast as the births in the town. You will remind yourselves that the M6 Motorway will siphon off most of the Scottish passing-trade within a few years from now: that the Lakes traffic already diverts part of its trade at Levens Bridge, and that the remainder may be by-passed too; Kendal is going to have to do a bit of economic rethinking.

The next class to consider are the people who wish to live in Kendal for the sheer joy of it, or who wish to use it as a base for them to commute outside to work elsewhere. You may think that they have no great economic attraction for you, but it would be unkind to think of them as simply parasitic. But if they come, they will need houses.

But there is a final class which may turn out to be one of the most important in your long-term plans, the future labour force for this area: not only for your existing industries but also if you cherish any hopes for expansion. I regard the economic prosperity of Kendal as one of the most significant factors in maintaining the public health. 1962 was the year which brought these issues to a head.

A conference was held in Kendal to discuss matters connected with local employment and the housing needs of the employees of local industries. Representatives of the Ministry of Labour, the Board of Trade, the Westmorland County Council, your Borough Council, South Westmorland Rural District Council, and the Kendal Incorporated Chamber of Commerce and Manufactures, met in your Town Hall on 16th May, 1962.

The Ministry of Labour pointed out that Kendal enjoyed one of the lowest unemployment rates in England, with a chronic shortage of labour, and several job vacancies for every applicant who was fit

to apply for such work. These jobs had been widely advertised in other parts of the country but they were not attractive unless housing could be guaranteed.

The Board of Trade was not prepared to sanction the issue of any more certificates for industrial development in Kendal, on account of the insufficient housing accommodation in the town. The local industrialists confirmed that they were being hampered by the labour shortage from even small expansions of their existing works, and that the recently erected factories had made matters worse during 1962.

But I cannot stray too far down the byways of Kendal's social scene, except to illustrate my very sincere belief that one cannot divorce public health from the ways in which our own folk keep a roof over their heads and bread and butter in their mouths. I have seen too much of the other thing in my younger days in less happy areas than Kendal. The betterment of the public health is to be found in what one sees, rather than shuts one's eyes to.

Your Building Achievement.

Before anyone gets too starry-eyed about promises to build all the houses we need in next to no time, it is worth taking a sober look at what Kendal has been able to build since the end of the war in 1945.

The answers are published in the Ministry's Quarterly Returns for everyone to read: Kendal Corporation built 915 new houses (plus 40 temporary pre-fabs.), and private enterprise built 493 new houses up to the end of 1962.

1,408 permanent houses in 17 years. That means an average of 83 new houses per year by the combined efforts of your Corporation and private developers. That was probably as much as the available building resources could manage on the system of development locally adopted. I have heard it said that 100 houses per year might be achieved with a more rational system of replanning, but not much more. In fact the 1961-2 achievement totalled 101 new houses.

New house building achievement is usually reckoned for international comparisons as the annual number built per thousand of the population. Kendal's average for the past seventeen years has been 4.7, but the figure for 1961-2 was 5.4. The whole of Britain comparable figure was 6.0 and our country was sixteenth in the level of achievement in some twenty-five northern hemisphere countries, ranging from Ireland with 2.3 up to several Continental countries with figures just over 10 new houses per thousand of their population.

So here we are in Kendal with a level of building achievement down about the levels of Spain and Portugal, and well below our own British national average, and not much hope of improving it with our present-day resources and methods. We might as well face those facts when we start talking about Kendal's future building programmes. The 665 people on your Corporation housing waiting list might as well realise it too. Your Borough Treasurer has been doing his best to encourage people to buy their own houses to speed things up. Just what proportion of the town's houses should be municipally owned, and what proportion should be privately owned, is a political decision which can be reached only in a pragmatic way.

I can see only too clearly the impact of all these factors upon the public health, and that is why I have chosen "Housing" as the main theme of this Annual Report for 1962 in the hope that it will lead to a better understanding of the need for the fullest co-ordination between all the Committees and Departments of Kendal Corporation towards solving the complex problems of these crucial formative years in the major development of our town and the health and prosperity of its people.

The short remainder of this Housing section has to be devoted to more routine matters for record purposes.

Housing Management.

The Corporation own 2,141 houses, which require increasing attention. Many visits were made by the Public Health Department during the year in connection with the public health aspects of housing management on the municipal estates. The rents of your houses range between 7/3d. and 19/3d., exclusive of rates. The rateable values vary between £7 and £29.

The examination of rentals and rates may not seem at first to have much to do with public health, but it does have considerable significance. It is not unknown for persons who have been rehoused from poor quarters into modern Council houses to have to pay their rent and rates from the portion of their income which rightly belongs to the purchase of food. Domestic economy can effect the general standard of the public health almost as much as environmental conditions, and some attempt must be made to maintain a balance between these conflicting factors.

Your Council offer a rent rebate scheme for cases of genuine financial hardship, and, of course, many tenants receive extra help from the National Assistance Board. There is now no reason why any person should be denied decent accommodation because of lack of money. Such is the Welfare State.

Verminous Houses.

Public Health Act, 1936. Sections 83-85.

Bed bugs were found in no houses. The Department checked the accommodation and effects of successful applicants prior to their removal to Council houses. In all cases where bed bugs are suspected the furniture and effects are removed by the Health Department and treated with cyanide before delivery. None needed it in 1962.

Pressure of other work on the Health Department will allow these inspections to be made only when the Housing Department consider that bugs are likely, and not as a routine measure for such a meagre harvest in these enlightened days. We have too many other more important tasks to do than chasing bugs that are not there.

Nuisances and Notices.

Public Health Act, 1936. Sections 91-100.

During the year 141 inspections of dwellinghouses and 72 inspections of yards were made, and 57 visits were made to investigate complaints in houses. The following action resulted:—

Preliminary Notices served	...	34
Statutory Notices served	...	5

In no case was it necessary to obtain an Abatement Order from the Court.

Dangerous Buildings.

Public Health Act, 1936. Section 58.

The operation of these provisions lies with the Borough Engineer, as far as the formal procedures of the Act are applied, but the Health Department often has a co-incidental or separate interest in some of these premises. Formal action taken during 1962 comprised no statutory notice served under the Act and no informal notices sent.

During a slum clearance review in 1957 I drew your Council's attention to over one hundred dilapidated buildings and structures which seemed either to present physical dangers or to be a deplorable spectacle. Most of them were within half a mile of the Town Hall. Your Council promptly formed a special committee to deal with them, and the co-operation of all departments was enlisted to bring the necessary pressure to bear on the people responsible to do the right thing with their decrepit property. The results have not been very noticeable. A lot of the derelict rubbish is a menace to the public health.

Caravans.

Caravan Sites and Control of Development Act, 1960.

Normally caravans cause little trouble in the Borough, as most of them simply pass through on their way to other parts of the countryside. However, the new Act provides much better powers for controlling them to the mutual advantage of the caravanners and our local residents.

One individual caravan licence for permanent residence was in force. This has been a longstanding feature, and there are special circumstances for this occupation. It causes no nuisance.

Much more serious is the development of a caravan site at Oxenholme. It was established in 1961 with planning consent and a site licence for a maximum of 12 caravans, to be used for holiday purposes, only between March 1st and October 31st in each year.

But in fact the site has become used for permanent residential caravans which were not removed by 31st October, 1962, and indeed they stayed there all through the following winter. The site operator had applied for a variation of planning consent to permit permanent residential use and also to increase the number of vans on the site. Such consent was not obtained, but the vans remained there.

The planning consent and licensing position will need to be regularised because these permanent residential vans show every sign of becoming rooted to the spot with fences, sheds and other fixtures. I have not been very satisfied with the public health safety of the sewage disposal arrangements.

But apart from these departmental adjustments I must draw your Council's attention to the fact of this establishment of a colony of permanent residential caravans which has been introduced into your Borough. From the experiences of other places you will have to be watchful that this encampment does not become yet another shanty-town. The site operators are certainly doing their best to cope with what they have taken on, and they are well aware of the risks, but such places can easily get out of control, and in the long run it might be your Council who would be left with the problem of rehousing the people on the site.

I am more than sympathetic towards the plight of the families who have to live under these cramped conditions, sometimes with children, simply because they cannot get a proper house. I am sure that they would not wish to create shanty-town conditions, but with the best will in the world it is not easy to cope with the Westmorland winter in a caravan. I should prefer to see this site restored to its original declared use for seasonal holiday vans.

The only other organised site within the Borough is at Millcrest on the A6 Shap Road, for a maximum of five caravans, allowed under the Caravan Club certificate by paragraph 5 of the First Schedule of the Act. It is, of course, for touring caravans.

Tents, Sheds and Moveable Dwellings.

Public Health Act, 1936. Sections 268-269.

This type of licence now covers mainly the tented sites and there were none within the Borough.

WATER SUPPLIES.

Water Act, 1945.

Kendal has an abundant water supply from both overground and underground sources, as well as a connection to the Manchester Corporation aqueduct. In years when the rainfall is average, or better, the overground supplies usually meet the need, but they are limited by the relatively small area of the gathering grounds. The underground supply from the alluvial gravel beds of the Kent valley would probably be inexhaustible if developed more deeply, although the well is occasionally beaten by the more powerful pumps installed in recent years.

There are only 35 houses in the Borough which do not obtain their water from the Corporation mains, 13 of these are connected to the Thirlmere aqueduct and the remainder are served by wells and surface water private installations. I have no official knowledge of the quantity or quality of the private water supplies.

In 1962 your Council transferred the water undertaking to the newly-formed Lakes and Lune Water Board, after having held it for more than half a century, since the days of the old private company. I take this opportunity to express my appreciation for the past help and co-operation of Kendal Corporation's Water Engineer and staff in safeguarding the public health from waterborne disease. I look forward to the same collaboration with the staff of the new Water Board.

Your Council will, of course, continue to check that the quality of the public water supplies is maintained safely for the public health. All the water is chlorinated and periodical tests are made on samples obtained in the town.

SEWERAGE.

Water Carriage.

Public Health Act, 1936. Section 47.

Almost all the houses in Kendal are fitted with waterborne sanitation. There are four trough-closets still lingering on.

Public Conveniences.

Public Health Act, 1936. Section 87.

Public conveniences fairly well serve the centre of the town. Proper supervision of conveniences is difficult and they have suffered much wanton damage by hooligans.

Sewerage System.

Public Health Act, 1936. Section 14.

Most of the Borough is served by the public sewers, but about 150 houses remain dependent upon cesspools. Some of the sewers are overloaded and require enlargement. Certain ancient drains communicate with surface water channels and cause occasional pollution of the river by crude sewage. These are being remedied as they are discovered.

Sewage Disposal.

Public Health Act, 1936. Section 15.

Sewage disposal is carried out at Wattsfield in the south of the Borough. These works were opened in 1909, with extensions in 1919-20, and the time has now been reached when the capacity is overloaded. Consequently your Council intend to carry out a major reconstruction scheme at the disposal works.

PUBLIC CLEANSING.

Refuse Collection.

Public Health Act, 1936. Section 72.

With very few exceptions in the remote parts of the Borough there is a weekly removal of refuse carried out under the supervision of the Chief Public Health Inspector. Trade refuse is collected separately at an agreed scale of charges.

Refuse Disposal.

Public Health Act, 1936. Section 76.

The filling of the disused Kendal Canal was completed in September 1962: it has been a highly satisfactory operation. The next site at Cinder Ovens was commenced immediately, and is expected to last about $2\frac{1}{2}$ years. It is just another of the makeshift arrangements we have been forced into during recent years, dodging about here and there, filling up odd holes and corners.

We should prefer to avoid such costly emergency schemes and settle down on some long-term site, where the preparatory costs can be spread over 20 or more years, and where we can put up some cover for our mechanical plant and our men to save trundling them back and forth each day.

Your Council made a valiant attempt to seek a long-term tip outside the Borough boundary but were vigorously repulsed by the inhabitants of South Westmorland Rural District. So driven back within the town, your Council got planning permission for some future tipping in part of the disused quarry on the Fell Estate at the top of the very steep hill on the western and windward side. Apart from the fact that it might last only about eight years, all your technical officers have pointed out the difficulties and expense of the site to develop and maintain. However, most difficulties can be overcome with plenty of money.

Meanwhile we shall have to cover ourselves by keeping up a continued search for a long-term site. No one of course is keen to have a refuse tip in their neighbourhood, and so we face all the battles of compulsory land purchase, local objections, and planning refusals, battles which we cannot shirk. The refuse must be put somewhere, and it needs everyone's good faith to do it.

Salvage of Waste Material.

Salvage of waste materials was continued during the year. So long as suitable materials are put out for collection and can easily be sorted, it may be economical and a fire safeguard to continue their salvage and sale. 263 tons of paper were sold in the year.

Street Cleansing.

Public Health Act, 1936. Section 77.

The main streets are maintained by the staff of the Borough Engineer. The open-air markets cause considerable work but the general appearance of the roads is good. Quite another picture is seen in many of the yards lying behind the main frontage, to which the annual reports of my predecessors for the past sixty years have drawn attention. Kendal is a notorious place for setting up unauthorised refuse dumps in odd holes and corners all over the centre of the town. Any plot of vacant ground seems fair game for dumping trade refuse, dirty mattresses, rags, old ironwork and such like. All our departments keep up a running battle with these strange bequests. I can see no remedy until Kendal takes its redevelopment opportunities more seriously.

FOOD AND DRUGS.

General Powers.

Food and Drugs Act, 1955.

Your Council bear most of the statutory responsibility for safeguarding the public from foodborne diseases. The main aim is directed towards securing proper and hygienic conditions for the manufacture, preparation and sale of food. The secondary aim is to trace and localise any outbreaks of disease which may occur in spite of preventive measures.

Precautions against Contamination.

The Food Hygiene Regulations, 1955.

Food hygiene is steadily improving throughout your area. Public opinion is well ahead of the law and most traders are aware of the fact. The good food trader does not need official instruction in basic cleanliness or the enforcement of legal minimum standards. He may welcome advice on technical problems, but his aim is how high he can get, not how low he can get away with. We have now passed the stage of educational approach.

The responsibility for safe food does not rest entirely with the trader as the housewife must play her part as well. Quite a lot of strange things happen to food between the shop counter and the dinner plate, and the educational campaign has had to be carried into the home. Personal hygiene is the keynote, whether it be fostered by posters or propaganda or taught to the children in simple nursery jingles. Foodborne diseases, mild dysenteries and attacks of diarrhoea and vomiting are not infrequent in our homes and among our visitors. I am confident that high standards will reduce these preventable diseases.

Ice-Cream Trade

Food and Drugs Act, 1955. Section 16.

Ice-Cream (Heat Treatment, etc.) Regulations, 1947.

Manufacture by hot mix, cold mix, storage and sale	...	2
Manufacture by cold mix, storage and sale	...	1
Storage and sale only	...	98

During the year 22 visits of inspection were made to ice-cream premises. On the whole the position is reasonably satisfactory.

Prepared Meats.

Food and Drugs Act, 1955. Section 16.

The number of premises on the register under Section 16 of the Food and Drugs Act, 1955, used for the preparation of sausages,

potted meat, preserved meat, pressed meat and pickled foods, was 31 at the year end. No particular difficulties have been encountered in these trades.

Registration of Milk Distributors and Dairies which are not Dairy Farms.

Milk and Dairies Regulations, 1959.

Total number of registered Distributors	...	...	...	41
„ „ Dairies	...	...	...	4

Pathogenic Organisms in Milk.

Food and Drugs Act, 1955.

Biological and other test results on samples taken by various Authorities, from sources in our area, continued to be passed to me. I have had no cause during the current year to serve any notices under the Milk and Dairies Regulations to restrict the sale of milk or the activities of milk-handlers.

With the eradication of bovine tuberculosis, it seems likely that the next milkborne disease to be tackled may be brucellosis. I believe that many human cases go unrecognised.

Licensed Slaughterhouses.

Food and Drugs Act, 1955. Part IV.

Slaughterhouses Act, 1958.

Slaughter of Animals Act, 1958.

The only slaughterhouse is the Corporation's public abattoir at Sandylands which also serves various neighbouring areas. The local authorities concerned share the operating cost, and you also receive an Exchequer grant towards inspection of meat in excess of the Borough's own local requirements. Almost the whole time of one public health inspector is spent on meat inspection.

Recent statutory requirements called for a lot of structural alterations to the public abbatoir. Your Council decided on a major reconstruction of the place, and they embodied the proposals in their Report to the Minister. The plans were approved for completion before 1st January, 1964, and the work was in progress at the end of the current year.

Unfit meat can now be removed direct to manufacturers for sterilisation and processing into animal and poultry foods. We have a satisfactory local arrangement to check it. Otherwise the condemned meat is stained with an indelible dye and sold as pet food. A warning is necessary in the handling of such foods; care must be taken to keep all utensils and preparation benches separate from human food, and careful washing of hands after handling pets' food is advised to prevent contamination from infected meats.

Condemnation of Meat at the Abattoir.

Food and Drugs Act, 1955.

The following is a summary of the carcasses inspected and condemned in whole or in part:—

	Cattle including Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed (if known)	3,478	740	100	17,820	5,348
Number inspected ..	3,478	740	100	17,820	5,348
<i>All diseases except Tuberculosis and Cysticerci:</i> Whole carcasses condemned	4	17	6	39	7
Carcasses of which some part or organ was condemned	130 (1)	61 (1)	—	167 (2)	254 (3)
Percentage of number inspected affected with disease other than tuberculosis and cysticerci	3.9	10.6	6	1.1	4.8
<i>Tuberculosis only:</i> Whole carcasses condemned	—	—	—	—	—
Carcasses of which some part or organ was condemned	5	15	—	—	33
Percentage of number inspected affected with tuberculosis ..	0.14	2.02	—	—	.006
<i>Cysticercosis:</i> Carcasses of which some part or organ was condemned	30	8	—	—	—
Carcasses submitted to treatment by refrigeration	30	8	—	—	—
Generalised and totally condemned	—	—	—	—	—

- (1) The following are not included in these figures: 1,143 livers and 1,011 part livers condemned for parasites, etc. Also 1,335 intestines condemned for enteritis, etc., from 2,550 steers, 922 heifers, 740 cows and 6 bulls.
- (2) Not included in these are: 1,058 livers infested with parasites.
- (3) Not included in these are: 452 livers infested with parasites

Licensing of Slaughtermen.

Twenty-three licences were issued during the year. 14 were to regular slaughtermen and nine to butchers who might wish to kill occasionally.

Knackers' Yards.

Food and Drugs Act, 1955. Part IV.

There is one licensed Knackers' Yard used only for cattle and sheep brought in dead from outside.

Condemnation of Other Foodstuffs.

Food and Drugs Act, 1955.

The following foodstuffs were condemned in shops and warehouses :

462 cans of various foods.

22 lbs. of fish.

4½ cwts. of merchandise provisions.

137 lbs. of bacon, ham and prepared meats.

50 lbs. of beef.

160 lbs. of greengroceries.

The work entailed some 287 visits.

Method of Disposal of Condemned Food.

The Minister of Health requires me to describe the current methods for the disposal of condemned food. In this District it is by burial at Wattsfield.

GENERAL INSPECTIONS.

Establishment.

The establishment of the department was one Chief Public Health Inspector, three Additional Inspectors and one Clerk. The strength of the department was maintained for most of the year.

The Chief Inspector has, of necessity, considerable administrative duties in the running of his department, the preparation of material and attendance at your Committees, and his availability for outside duties was restricted. This is the usual position in most authorities.

The Second Inspector spends a lot of his time supervising the refuse service, particularly during the present phase of moving tip sites. Otherwise he is available for general outside duties. The other two inspectors share the meat inspection duties at the abattoir and cover most of the general work of the department. The Clerk is allocated to spend half his time on Cemeteries administration and the rest on the other duties of the Health Department.

Factory Inspections.

Premises.	Number of Premises.	Number of		
		Inspec- tions.	Written Notices.	Occupiers prosecuted.
Factories in which Sections 1, 2, 3, 4 and 6 are to be en- forced by Local Authorities ..	14	8	3	—
Factories not included in (1), in which Section 7 is enforced by Local Authority	117	155	18	—
Other premises in which Sec- tion 7 is enforced by the Local Authority (excluding out- workers' premises)	1	1	—	—
Total	132	164	21	—

Cases in which Defects were found.

Particulars.	Number of cases in which Defects were found.				Number of cases in which prosecutions were instituted.
	Found	Remedied.	Referrred		
			To H.M. In- spector.	By H.M. In- spector.	
Want of cleanliness (S.1) ..	3	3	—	1	—
Overcrowding (S.2) ..	—	—	—	—	—
Unreasonable temperature (S.3) ..	—	—	—	—	—
Inadequate ventilation (S.4) ..	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient	16	16	—	—	—
(b) Unsuitable or defective	2	2	—	—	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to Out-work)	—	—	—	—	—
Total	21	21	—	1	—

Offensive Trades.

Public Health Act, 1936. Section 107.

The carrying out of the following offensive trades in the Borough has not given rise to any undue nuisance.

Fellmonger	...	...	...	1
Carcase Boilers	...	...	...	2
Tallow Melter	...	...	...	1
Gut Scraper	...	...	...	1
Rag and Bone Dealers	...	...	...	2

Factories.

Factories Act, 1937-1959.

The register of factories has been completely revised and cross-checked with the records maintained by H.M. Inspector of Factories at Carlisle.

There were 132 factories on our register. 164 inspections were made by our staff. 21 notices were served and all were complied with.

No references were made to H.M. Inspector, and one was received from him. No prosecutions were required.

No outworkers were notified to your Council by factory owners.

There are no recognised basement bakehouses in the Borough.

The responsibility of issuing certificates for means of escape in case of fire was transferred to the County Council during the year.

H.M. Inspector of Factories has been sent details of your Borough's administration of the relevant sections of Parts I and VIII of the Factories Act, 1937.

Shops Act, 1950.

Fourteen visits were made under the Shops Act for the supervision of sanitary accommodation, washing facilities and the maintenance of suitable temperatures.

Common Lodging Houses.

Public Health Act, 1936. Part II.

Only one common lodging house at Waterside remains on the register; two visits were paid during the year.

Rent Acts.

During the year no new application for a Certificate of Disrepair was received.

Several cases were noticed when the necessary entries prescribed by the Housing and Rent Restriction Acts were not entered in rent books. All these were rectified upon the department's intimation to the agents or landlords.

Smoke Abatement.

Clean Air Act, 1956.

Twenty-one visits were made for smoke abatement and most industrial firms have made commendable improvements. The problem of clean air for Kendal goes deeper than this.

Kendal's position in the Kent valley leads to the cooler air collecting in the lowlying parts at night. From any of the surrounding hillsides you can see how the natural ground mist is polluted by the smoke from domestic chimneys much more than by the industrial premises. Sometimes the valley is clear and sunny both north and south of the town, while the central areas are dull, with soot in visible suspension in the air. The Hallgarth Estate is often particularly bad in this way.

For public health reasons connected with bronchitis, asthma, tuberculosis, heart diseases and possibly lung cancer, I should like us to do all we can to see that Kendal's air pollution does not become any worse, and I hope that we may be able to improve it. With one-third of the houses in Kendal now in Corporation ownership, we seem to have a considerable responsibility.

I have recommended to your Council that all Corporation houses to be built in future should be designed for burning smokeless fuels, and that all the existing ones should be progressively converted in the same way.

I do not think that it requires buying a lot of elaborate smoke measuring gadgets and a special staff to run them. Anyone can see with their own eyes, from Windermere Road or Fellside, how the smoke from the household chimneys hangs as a pall over the town on calm days and nights. Sometimes you can even feel it in your lungs down town. Public opinion is growing that this should not be so.

Public Swimming Baths.

The Minister requires me to furnish particulars about public swimming baths. The only one in the Borough is owned and managed by Kendal Corporation. It is filled with fresh water from the public mains, and is then continuously circulated through filters and thoroughly chlorinated. Major structural alterations have recently been carried out.

Pet Animals Act, 1951.

Two shops were licensed. No particular difficulties were encountered in supervision.

Pests Act, 1949.

During the year 390 premises were surveyed under the provisions of the Act. 73 premises were found to be infested by rats or mice and 72 were treated by the department. 667 visits were made. 38 complaints were also investigated.

National Assistance Act, 1948.

Section 47 — Compulsory Removal.

No Court Orders were sought during the year, but two cases were under constant supervision. One of them reached the brink of compulsory removal, but the old lady decided at the last moment to go voluntarily into a private home for old people. The other one was eventually rescued by her relations from a condemned cottage.

Such cases are extremely distressing to deal with and the course of compulsory removal is reserved to meet the emergencies of a last resort when all other methods of help have failed. Sometimes it is very hard to decide what is really in the best interests of the patient.

A special conference was held during 1961 with the Welfare Authority to see what more could be done to prevent people from getting into such difficulties. Home-help services, hostels, and partial dependency schemes may meet some of the problems. I hope that the harsh step of compulsory removal will be less needed as time goes by. It is so often tantamount to a death warrant.

Public Mortuary and Post-mortem Rooms.

Public Health Act, 1936. Section 198.

Your Council do not provide any public mortuaries or post-mortem rooms. Adequate facilities are available at the Westmorland County Hospital in Kendal by arrangement.

Burial Grounds.

Your municipal cemetery at Parkside Road is maintained in a creditable state. The one in Castle Street gives trouble from time to time: it is rarely used and the chapel is semi-derelict, headstones have deteriorated, and the grass is difficult to keep in proper order. I wish it could be closed.

Although there may not be any actual public health risks, I find it rather distasteful to see various burial grounds and cemeteries neg-

lected around Kendal. The one in Sepulchre Lane not only has a weak retaining wall but I have occasionally found it broken open and used as an unauthorised rubbish dump. It is the living who cause the public health nuisances, not the dead. I wish all these decrepit burial grounds could be tidied up and laid out pleasantly like the fine example set by Kendal Parish Church.

Exhumations.

Under my personal supervision, the human remains of two dead German prisoners of war were exhumed from Parkside Cemetery by the German War Graves' Commission for reinterment in a Military Cemetery in Staffordshire. The exhumation was carried out without danger to the public health.

Laboratory Services.

The Public Health Laboratory Service establishments at Preston and Carlisle now serve this area. It is not quite so convenient as our old arrangement at the Westmorland County Hospital, Kendal, but no doubt we shall learn to live with this further example of regionalisation.

Byelaws.

Byelaws on public health matters are in force with regard to :—

Public Slaughterhouses.

Smoke Abatement.

Building.

Food Handling.

New Legislation.

The Landlord and Tenant Act, 1962, became operative 1st November, 1962.

Factories Act, 1961, became operative 1st April, 1962.

APPENDIX A LABORATORY EXAMINATION OF PUBLIC WATER SUPPLIES

Nature of Test	Standards Max.	Town's Main.
Pr. coli count 37°C .. Faecal coli/strep ..	3-10	0
Character	—	Clear
Reaction	—	7.4
Ammonical Nitrogen	.041	.01
Albuminoid Nitrogen	.066	.01
Total Solids ..	1000	70
Hardness {	Total ..	90
	Carbonate	25
	Non-Carb.	65
Chlorides	30	12
Nitrates	1	0.1
Nitrites	—	—
O.2 Absorbed	1	.85
Heavy Metals ..	—	—
Rainfall 24 hours ..	—	Nil
Date Sampled ..	—	6.11.62
Laboratory	—	Lancaster

Chemical analyses expressed in parts per million.

